



Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
**Sanitary Sewer Overflow (SSO)/Bypass
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



See DEP Regional Office telephone and fax numbers at the end of this form.

1. Facility Information

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

First Name

Last Name

Telephone No.

Title

E-mail Address

B. Phone Notifications:

1. MassDEP staff contacted:

first name

last name

Date/Time contacted:

Date

Time

☐ am

☐ pm

2. EPA staff contacted:

first name

last name

Date/Time EPA contacted:

Date

Time

☐ am

☐ pm

3. Board of Health contacted:

First Name

Last Name

Date/Time contacted:

Date

Time

☐ am

☐ pm

4. Others notified (select all that apply);

☐ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager

☐ Other:

(specify)

C. SSO Information

1. SSO Discovered:

Date

Time

☐ am

☐ pm

By:

2. SSO Stopped:

Date

Time

☐ am

☐ pm

3. SSO Discharge from: ☐ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property

☐ Other:

(specify)

4. SSO Discharge to: ☐ Ground Surface (no release to surface water)

☐ Direct to Receiving Water

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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C. SSO Information (cont.)

Location: _____
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: _____

Method of Estimating Volume: _____

6. Cause of SSO Event:

☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☐ Other: _____
(Specify)

7. Corrective Actions Taken:

Impact Area cleaned and/or disinfected: ☐ Yes ☐ No

Corrective Actions Completed: ☐ Yes ☐ No

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☐ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:



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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions Region, David Turin	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	